

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 564425

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

	IND.	DEP.
1		
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AFTER
1ST AMENDMENT

	IND.	DEP.
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AFTER
2ND AMENDMENT

	IND.	DEP.
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AS FILED

	IND.	DEP.
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AFTER
1ST AMENDMENT

	IND.	DEP.
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AFTER
2ND AMENDMENT

	IND.	DEP.
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100

TOTAL IND.

2



TOTAL DEP.

15



TOTAL CLAIMS

17



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

